SENDER: COMPLETE THIS SECTION			COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 			A. Signat	ure		→ ☐ Agent ☐ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		е,	B. Receiv	red by (Prin	nted Name)	C. Date of Delivery
1. Article Addressed to:			D. Is delivery address different from Item 1? If YES, enter delivery address below: 9390136			
Corporation Service Company Registered Agent for Bayer CropScience LP 211 East 7 th Street, Suite 620 Austin, Texas 78701						
			☐ Reg	e lype tified Mail gistered ured Mail	☐ Express Ma ☐ Return Rec ☐ C.O.D.	all eipt for Merchandise
			4. Restricted Delivery? (Extra Fee)		☐ Yes	
Article Number (Transfer from service label)	010 a	2780	0002	4355	0460	- -
PS Form 3811, February 2004 Domestic Return						102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Lance Nixon, Enforcement Officer
Environmental Protection Agency, Region 6
1445 Ross Avenue, 6SF-TE
Dallas, Texas 75202